COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES

Quality Improvement Work Plan Evaluation

Fiscal Year 2011-2012

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Live Well, San Diego!

FY 2011-2012

Quality Improvement (QI) Work Plan Evaluation

Developed by the County of San Diego Behavioral Health Services, Behavioral Health Division, Quality Improvement Unit.

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Summary data and brief synopsis are provided for each QIWP goal. However, if more information is desired please email your request to Lindsay Palmer, QI PIT Project Analyst, at Lindsay.Palmer@sdcounty.ca.gov or call 619-563-2794.

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Introduction

As required by the California Department of Health Care Services (DHCS), San Diego County Behavioral Health Services (SDCBHS) produces an annual Quality Improvement Work Plan (QIWP). In accordance with requirements, the QIWP establishes the quality improvement goals for the current fiscal year and describes quality improvement activities, including planning for sustaining improvement, plans for monitoring of previously identified issues, and tracking of target areas over time. The QIWP demonstrates how the planned quality improvement activities have contributed and will contribute to meaningful improvement in clinical care and services provided. At the end of each fiscal year, the goals stated in the QIWP are evaluated to determine the overall effectiveness of the behavioral health system and the quality improvement program. The system is community-based and focused on the inclusion of the individuals and family members served. The system is also reflective of business principles in which services are delivered in a cost-effective and outcome-driven fashion.

Work Plan Goals

The Quality Improvement Work Plan Goals define targeted measures by which SDCBHS can objectively evaluate the quality of services, both clinical and administrative, provided to the individuals and family members receiving services. Some of the goals are process goals while others are measurable objectives. The prime objective incorporated in these QIWP Goals is to continuously improve both clinical and administrative service delivery through a systematic process of monitoring critical performance indicators and implementing specific strategies to improve the process, safety, and outcomes of all services provided. All goals are in line with the HHSA and Behavioral Health Services' vision, mission, and strategy/guiding principles.

County of San Diego, Health and Human Services Agency

Vision: Healthy, Safe, and Thriving San Diego Communities
Mission: To make people's lives healthier, safer, and self-sufficient by delivering essential services.
Strategy:

1. **Building a Better System** focuses on how the County delivers services and how it can further strengthen partnerships to support health. An example is putting physical and mental health together so that they are easier to access.
2. **Supporting Healthy Choices** provides information and educates residents so they are aware of how choices they make affect their health. The plan highlights chronic diseases because these are largely preventable and we can make a difference through awareness and education.
3. **Pursuing Policy Changes for a Healthy Environment** is about creating policies and community changes to support recommended healthy choices.
4. **Improving the Culture from Within**. As an employer, the County has a responsibility to educate and support its workforce so employees "walk the talk." Simply said, change starts with the County.

Behavioral Health Services

Vision: Safe, mentally healthy, addiction-free communities
Mission: In partnership with our communities, work to make people's lives safe, healthy and self-sufficient by providing quality behavioral health services.
Guiding Principles:

1. Support activities designed to reduce stigma and raise awareness surrounding mental health, alcohol and other drug problems, and problem gambling.
2. Ensure services are outcome driven, culturally competent, recovery and client/family centered, and innovative and creative.
3. Foster continuous improvement to maximize efficiency and effectiveness of services.
4. Maintain fiscal integrity.
5. Assist employees to reach their full potential.

SERVICES ARE CLIENT CENTERED

Goal 1: Improve Satisfaction in Interactions with Providers and Services

OBJECTIVE

Reduce the complaints and grievances related to target areas (rudeness, not listening, poor quality of care, inappropriate behavior by staff) by 10%.

METHOD

- Compare Reported Grievance and Appeal logs FY 2009-10 through FY 2011-12 to create a baseline.
- Develop a clear grievance remediation policy that follows best practices.
- Create a work group to develop an action plan for improving customer interactions.

DATA

The San Diego County Mental Health System (SDCMHS) is comprised of about 200 County and County contracted programs and 700 Fee-for-Service (FFS) Providers, serving over 57,000 unduplicated clients. A review of grievances over the past three fiscal years allowed for an analysis of complaints and grievances within the target areas. The analysis showed that 33% of grievances were in the target areas FY 2009-10, 25% were in target areas FY 2010-11, and 42% were in target areas FY 2011-12.

Target Area Analysis by Fiscal Year.

	Counts By Year		
	FY 2009-10	FY 2010-11	FY 2011-12
Total Reported Grievances	**153**	**129**	**106**
TARGET AREAS			
Rudeness	17	18	30
Provider Not Listening	6	3	0
Poor Quality of Care	17	4	10
Inappropriate Behavior of Staff	11	7	9
Target Area Totals	**51 (33%)**	**32 (25%)**	**49 (46%)**

SERVICES ARE CLIENT CENTERED

Goal 1: Improve Satisfaction in Interactions with Providers and Services

RESULTS

• The Grievance and Appeal Log comparison showed that Target Area trends decreased between FY 2009-10 and FY 2010-11 but increased in FY 2011-12. This does not meet the objective of a 10% decline. However, it provides a clear baseline and supports the development of a standard for further growth, research, and analysis.

• Per the internal BHS policy on Grievance and Appeal monitoring, the planned intervention of a standard remediation policy allowed the Grievance and Appeal monitoring and intervention task to be shared across QI staff with consistency. Informal resolution processes are reviewed during annual provider site reviews and/or upon provider request, and recommendations for improvement are provided when needed.

• QI management & supervisors are working together to establish a regular consumer satisfaction workgroup. The workgroup includes direct service providers, beneficiaries, patient advocacy contractors and client and family liaison contractors. Current progress includes: developing goals for the workgroup and identifying participants. Future plans for the workgroup include investigating the content of target area grievances and developing customer service trainings to educate staff on ways to decrease negative interactions between staff and clients.

• QI manages a Customer Complaint Log in which BHS Staff are required to record complaints received from providers and/or clients. These complaints are reported quarterly to the Quality Review Council.

NEXT STEPS

• Develop linkages between Trauma Informed Care initiatives and consumer satisfaction work group.

• Offer cultural competence trainings that focus on customer service.

• Consider the inclusion of provider interaction questions on the annual consumer survey.

• Expand BHS employees required to utilize Customer Complaint Log.

SERVICES ARE CLIENT CENTERED

Goal 2: Increase Client and Family Satisfaction in Treatment Planning

OBJECTIVE

Increase client and family satisfaction with involvement in treatment planning by 10%.

METHOD

- Provide recovery brochure to beneficiaries, which describes the role of the service recipient in recovery.
- Monitor state satisfaction survey results on items pertaining to client and family involvement in treatment planning.
- Pilot recovery practices within client population.

DATA

The brochure, "There is Hope for Mental Health Recovery," was translated into Spanish in March of 2012. There have been approximately 2,500 English brochures distributed since development in FY 2010-11 and 1,500 Spanish brochures distributed since March 2012.

In the May 2011 the Mental Health Statistics Improvement Program (MHSIP) Scale Questions for Adult Consumers was administered. Satisfaction with "participation in treatment planning" for clients had dropped from 84.5% of respondents reporting being satisfied or very satisfied in May 2010 to 83.2% of respondents in May 2011. In August 2012, the satisfaction rate had increased to 89.0% of respondents reporting being satisfied or very satisfied with "participation in treatment planning."

MHSIP Survey Results on Participation in Treatment Planning Domain

Participation in Treatment Planning		
	% Agree or Strongly Agree	
	All Programs (including Case Management)	**Case Management Only**
May 2010	84.5%	88.9%
May 2011	83.2%	82.0%
August 2012	89.0%	95.8%

One example of a pilot project was the opportunity to participate in the CIMH learning collaborative Advancing Recovery Practices (ARP). This provided a focused approach and methodology to improve the lives of individuals served through preparation and training on increasing access, system flow and capacity by supporting clients' transition through stages of recovery and out of the public mental health system to more meaningful lives in their communities. County Case Management services piloted several recovery practices in FY 2011-12 which included intensive strengths assessments, joint clinician and client goal development and provider education on recovery. In August 2012, 95.8% of case management respondents reported satisfaction with "participation in treatment planning." This was an increase over the results of the May 2011 MHSIP survey in which 82% of case management respondents reported satisfaction. Qualitative feedback from clinicians indicated that clients enjoyed being asked to identify their strengths and often reported strengths that could not be captured on every assessment or client plan developed. Further monitoring of the pilot project and the data it generates is in progress.

SERVICES ARE CLIENT CENTERED

Goal 2: Increase Client and Family Satisfaction in Treatment Planning

RESULTS

• The "participation in treatment planning" domain satisfaction score on the MHSIP survey is a combination of two questions: "I felt comfortable asking questions about my treatment and medication" and "I, not staff, decided my treatment goals." The reported increases in client and family satisfaction with "participation in treatment planning" revealed that while satisfaction did increase between May 2011 and the current August 2012 survey period it did not meet our stated goal of a 10% increase. The increase of 6% shows continued improvement and good progress towards our goal.

• The ARP process resulted in the piloting of several clinical and administrative processes and activities to increase client and family participation in treatment planning. Case Management had a 95.8% reported satisfaction with “participation in treatment planning,” which was 6.8% above the aggregate reported satisfaction for services and 13.8% above the May 2011 reported satisfaction. The ARP activities and interventions are still in progress and their eventual outcomes will guide decisions on which practices will be disseminated throughout SDCBHS.

ARP

NEXT STEPS

• Consider providing the recovery brochure in all threshold languages.

• Implement ARP initiated Case Management interventions and strategies across more service providers.

• Continue to monitor client and family satisfaction with involvement in treatment planning and consider setting overall standard.

SERVICES ARE CLIENT CENTERED

Goal 3: Measure the Value of Peer Support in Client Outcomes and Recovery

OBJECTIVE

Initiate a Peer Support project to research, develop, implement and evaluate methods for measuring the value of peer support in service recipient outcomes and recovery.

METHOD

- Explore Peer and Family Support Services being provided within all SDCBHS and contracted programs.
- Analyze service recipient experiences with Peer and Family Support Specialists.
- Survey Peer and Family Support Specialists about their roles and experiences in service recipient recovery.

DATA

During the Summer of 2011, program managers were asked to respond to an online survey inquiring about the role and effectiveness of Peer Support Specialists (PSSs) and Family Support Specialists (FSSs) in their programs. Nine (75%) out of 12 participating program managers indicated that Support Specialists (SSs) in their clinics are role models for recovery, help persons to understand what resources are available, and are sources of social support. Eight program managers (67%) indicated that their SSs provided help with creating/setting recovery goals, monitoring progress, and navigating the mental health services system. Over half of the program managers (58%) indicated that SSs supported the program by helping service recipients understand what staff was asking of them and helping with paperwork. Advice/Counseling (42%) and Administrative/Clerical (33%) support were the least frequently reported functions of SSs.

There were 251 written "Comments about PSS Services" provided in the Spring 2010 Consumer Satisfaction Survey. The majority of the comments (171 (68%)) were coded as positive. These comments involved praise about PSSs and/or gratitude for the services they provided. Further evaluation of the Positive Comments category found that most responses contained multiple statements and themes.

COMMENTS ABOUT PSS SERVICES		
	N	%
Positive	171	68%
Negative	7	3%
Unclear/Off-topic	72	29%
Neutral/No Opinion	1	0%
TOTAL	**251**	**100%**

POSITIVE THEMES		
	N	%
Social/Emotional Support	86	44%
High Praise/Gratitude	55	28%
Recovery Support	26	13%
Practical/Logistical Support	15	8%
Wants More	13	7%
TOTAL	**195**	**100%**

Note: 28 clients noted needing more information.

During the Spring of 2012, U.C. San Diego's Health Services Research Center facilitated focus groups to ask Peer and Family Support Specialists about their experiences in their role. Two focus groups were conducted; one with 4 SSs who worked in a mental health hospital and the second with 4 SSs who worked in the larger mental health community. Each SS spoke enthusiastically about their job. Feedback indicated that the SSs love their positions & were grateful to have rewarding employment.

SERVICES ARE CLIENT CENTERED

Goal 3: Measure the Value of Peer Support in Client Outcomes and Recovery

RESULTS

• SDCBHS in conjunction with U.C. San Diego's Health Services Research Center initiated a Peer Support project that examined the form and function of Peer Support services from the view point of the provider, service recipients, and PSS staff. This dive into support services resulted in an intensive report that included both successes and challenges facing the system.

> *PSS: "The minute we say we have lived experience, they smile and... the wall goes down."*
>
> *FSS: "When I mention that my son lives with schizophrenia, then right away it's like, 'Oh, so you DO understand!' It kind of gives you credibility. It puts them more at ease and it increases the level of trust."*

• The Peer Support project is an ongoing initiative that will continue as the PSS efficacy and expectations are further explored and measured. Long term goals include instituting an annual evaluation of how PSS staff are impacting the behavioral health system.

NEXT STEPS

• Explore recovery questionnaire scores, treatment outcomes for clients who receive PSS services.

• Transition from a qualitative to a quantitative data gathering system through an internet survey of PSSs.

• Begin researching best practices in PSS services to inform current services.

SERVICES ARE CLIENT CENTERED

Goal 4: Monitor Beneficiary & Client Satisfaction - Grievances, Appeals, & Fair Hearings

OBJECTIVE

To address issues to improve beneficiary satisfaction based on monitoring of annual grievances, fair hearings, and provider transfer requests.

METHOD

- Grievances for County contracted and operated programs are reported to program monitors.
- BHS QI tracks provider transfer requests through Program Status Reports and quarterly reports from the Administrative Service Organization, OptumHealth.
- Providers with trends showing a high number of grievances and/or transfer requests are asked to develop a plan of correction.

DATA

The San Diego County Behavioral Health System is comprised of about 200 County and County contracted programs and 700 Fee-for-Service (FFS) Providers. A brief review of previous years' Grievance and State Fair Hearing counts revealed that FY 2009-10 was a peak year, and in FY 2011-12, there was a 17.8% decrease in the number of grievances that were reported when compared with the previous FY. This is the largest percentage decrease seen over the past five Fiscal Years. FY 2009-10 was also a peak year for the number of appeals reported - the number of appeals decreased in FY 2010-11, and remained constant in FY 2011-12.

	Grievances	% Change in Grievances Reported	Appeals	State Fair Hearings
FY 2008-09	70	N/A	4	2
FY 2009-10	153	118.6%	34	2
FY 2010-11	129	-15.7%	19	0
FY 2011-12	106	-17.8%	19	1

Since Fiscal Year 2008-09, there have been a total of 7 provider transfer requests through the county grievance process. The most common reason for a transfer request is client dissatisfaction with provider interactions. The majority of provider transfer requests resulted in clients being transferred to a new provider.

SERVICES ARE CLIENT CENTERED

Goal 4: Monitor Beneficiary & Client Satisfaction - Grievances, Appeals, & Fair Hearings

RESULTS

• Grievances decreased in FY 2011-12 by 17.8% when compared with FY 2010-11. Noted trends over time indicate that the majority of grievances are handled more efficiently and timely in recent years. Providers also seem to be more proactive in addressing potential grievances before they are elevated.

• SDCBHS continues to closely monitor grievances and appeals each Fiscal Year. This year, QI conducted an in-depth analysis of grievances to determine trends over time with providers, as referenced in Goal 1.

• In Fiscal Year 2010-11, there were no state fair hearings held, however, there were 15 that were scheduled. In Fiscal Year 2011-12, there was one state fair hearing held, but 12 were scheduled, indicating that 92% of scheduled state fair hearings were cancelled as QI was able to mediate a resolution prior to the scheduled hearing. This highlights a success SDCBHS has experienced in minimizing the number of state fair hearings.

NEXT STEPS

• Continue monitoring grievances and appeals to track trends over time.

• Continue ensuring grievances are responded to in a timely manner.

• Continue requiring providers with a high number of grievances over time to create a plan of correction.

• Continue providing mediation to providers as possible.

SERVICES ARE SAFE

Goal 5: Improve Board & Care, Independent Living Facilities, & Residential Treatment Programs

OBJECTIVE

To address client complaints about conditions in Board and Care Facilities, Independent Living Facilities, and Residential Treatment Programs.

METHOD

• Jewish Family Service (JFS) Patient Advocacy Program is contracted by SDCBHS to provide advocacy for the Board and Care facilities in San Diego County. They provide visits to these facilities and hold events and meetings in the community to reach out to residents.
• The Independent Living Association (ILA) initiated in 2012 focuses on promoting high quality Independent Living Facilities in San Diego County.

DATA

During the 2011-2012 fiscal year, JFS Patient Advocacy Program contracted with County HHSA to provide advocacy for 87 Board and Care facilities in San Diego County. JFS created a comprehensive plan to visit these facilities and to reach out to residents through community events and meetings. In 2011-2012, JFS visited 87 Board and Care Facilities, for a total of 144 visits, as well as visiting 14 clubhouses. JFS made 1,495 contacts in the Board and Care facilities and conducted 66 in-services at, or relating to, Board and Care Facilities. JFS investigated 9 grievances at Board and Care facilities and investigated 10 grievances at Residential Treatment Facilities (Crisis Centers) in FY 2011-12. JFS also maintains a relationship with the ILA and they refer staff of outpatient programs, clubhouses, hospitals, and residents of Independent Living Facilities to the ILA.

The ILA (which was initiated in 2012) is an SDCBHS program funded through Mental Health Services Act (MHSA) Innovations. The ILA is a collaborative community-wide effort focused on supporting Independent Living owners, residents, and the community by promoting high quality Independent Living Facilities (ILFs). This project is the first of its kind to organize and promote ILFs, and is designed as a model for other communities across the nation. The ILA help a 2 day kick-off event in 2012, reaching 42 ILF owners and 85 community members. Additionally, the ILA gained 24 members (who were all ILF Owners) in the first six months of the project. They trained 52 ILA trainers, and developed a comprehensive curriculum rooted in recovery principles to educate ILF owners, residents, and the community. They provided ILA Owners Course education to 24 IL owners, including topics addressing IL best practices, budgeting, marketing tips, mental illness and crisis management. The program educated over 250 community members to raise awareness of the importance of Independent Living Facilities. Lastly, the ILA also launched the first ever Independent Living Directory, a tool to help IL owners market their businesses and provide quality information about ILF options for consumers, family members, and the community.

SERVICES ARE SAFE

Goal 5: Improve Board & Care, Independent Living Facilities, & Residential Treatment Programs

RESULTS

• JFS continued to provide support to the clients of Board and Care facilities, allowing an outlet for clients to address issues or concerns. JFS also conducted in-services at, or relating to, Board and Care facilities to help educate clients and the community.

• The ILA is a program that initiated in 2012 in San Diego County to support all parties affiliated with Independent Living Facilities. The purpose of the program is to promote high quality Independent Living Facilities in San Diego County. Stable and supportive housing is one of the most effective ways to encourage recovery and reduce inappropriate use of the healthcare system. However, there are typically no standards, oversight, or support for ILFs. Also, there is currently no method for the community to identify quality ILFs or resources to help ILF owners to improve their business. The ILA, which launched in 2012, has already begun accomplishing these goals within the San Diego community. Most notably, within their first six months the ILA developed a cumulative list of ILFs throughout San Diego County and launched the first ILF Directory. These efforts may have a positive impact on decreasing the number of client complaints from individuals residing in ILFs.

NEXT STEPS

• Continue to contract with the patient advocacy program to support clients housed in Board and Care facilities.

• Continue focus on outreach to additional ILF owners through the ILA. Monitor whether this effort has an impact on number and frequency of client complaints regarding ILF conditions.

SERVICES ARE SAFE

Goal 6: Reduction in Serious Incidents Systemwide

OBJECTIVE

To reduce the total number of systemwide Serious Incidents by 5%.

METHOD

- Track Serious Incidents for Administration on a monthly basis to identify significant outliers or trends.
- Implement a Root Cause Analysis (RCA) Process systemwide, based on RCA directions and protocols created in FY 2010-11.
- Perform a deep-dive examination of suicide rates and trends in San Diego County for FY 2011-12, including comparing suicide rates about those who received County funded Behavioral Health services versus those who did not.

DATA

This chart shows a decrease in Serious Incidents reported systemwide over the past two fiscal years.

	Adult	Children	ADS	System Wide	% Change
FY 2009-10	71	139	10	220	N/A
FY 2010-11	57	100	14	171	-22.3%
FY 2011-12	57	88	25	170	-.6%

Note: ADS providers report death by natural causes as a Serious Incident; Adult and Children providers do not.

This chart shows a significant increase in both the number of Root Cause Analysis trainings conducted and the total number of participants trained in FY 2011-12 when compared to FY 2010-11.

	Total # RCA Trainings	Total # Participants Trained
FY 2010-11	3	50
FY 2011-12	9	127

This chart shows the percent of clients suicides in San Diego County in FY 2011-12 that were a part of the SDCBHS System of Care.

FY 2011-12 Summary of Suicide Data	
Number of Suicides in San Diego County	320
Number of Suicides in the San Diego County System of Care	84
% of Suicides in the San Diego County System of Care	26%

SERVICES ARE SAFE

Goal 6: Reduction in Serious Incidents Systemwide

RESULTS

Serious Incidents Systemwide

• A .6% decrease in Serious Incidents (SI's) was reported systemwide when comparing FY 2010-11 to FY 2011-12. Although BHS did not meet the goal of decreasing Serious Incidents by 5%, it is still noteworthy that the number of Serious Incidents did not increase since last Fiscal Year. Also important to note - SIs in the Children, Youth, and Families System of Care (SOC) decreased by 12% overall, while SIs in the Adult/Older Adult SOC remained unchanged. SIs in ADS increased by 78%, which may be due to an increased focus on SI reporting within ADS in FY 2011-12.

Root Cause Analysis Trainings

• BHS conducted 6 more Root Cause Analysis Trainings compared with last FY, and trained 77 more providers than last FY.

• BHS QI began providing a monthly suicide reports to Administration in FY 2011-12. This report compares suicides in the BHS System of Care to Suicides countywide on a number of demographic variables, including age, gender, nationality, method, diagnosis, and history of a mental health service during incarceration. This report is distribution to Administration monthly.

NEXT STEPS

• Continue monthly monitoring of Serious Incidents and San Diego County suicide rates. Determine the reason for increase in SIs for ADS.

• Update SI form, breaking out incidents to help define trends more clearly.

• High Risk Assessment & Plan to be implemented in an effort to identify clients with high risk and provide additional support to decrease SIs.

• Require providers to submit action items from RCA's to track system change.

SERVICES ARE SAFE

Goal 7: Reduce the Use of Seclusions and Restraints

OBJECTIVE

To reduce the use of restraints and seclusions by 10% systemwide.

METHOD

• Conduct monthly collaborative meetings with the Hospital Partners to share monthly statistics on usage of seclusion and restraints and information on processes being used to reduce usage.
• Continue collecting seclusions and restraints data for monthly Seclusions and Restraints report, to be distributed to Administration and Hospital Partners.

DATA

Number of Seclusions and Restraints per 1000 patient days

ADULT FACILITIES	FY 2009-10	FY 2010-11	FY 2011-12
TOTAL # OF ADMISSIONS	17,566	21,048	20,299
TOTAL # OF PATIENT DAYS	141,675	178,236	160,182
NUMBER OF PATIENTS SECLUDED	126	78	90
NUMBER OF EPISODES	177	107	103
RATE OF SECLUSIONS PER 1000 PATIENT DAYS	1.25%	.60%	.57%
NUMBER OF PATIENTS RESTRAINED	319	383	375
NUMBER OF EPISODES	498	511	538
RATE OF RESTRAINTS PER 1000 PATIENT DAYS	3.52%	2.87%	2.49%
CHILDREN'S FACILITIES			
TOTAL # OF ADMISSIONS	2,968	3,651	3,601
TOTAL # OF PATIENT DAYS	13,388	14,841	14,404
NUMBER OF PATIENTS SECLUDED	51	56	75
NUMBER OF EPISODES	59	101	116
RATE OF SECLUSIONS PER 1000 PATIENT DAYS	4.41%	6.81%	6.41%
NUMBER OF PATIENTS RESTRAINED	98	89	123
NUMBER OF EPISODES	157	127	200
RATE OF RESTRAINTS PER 1000 PATIENT DAYS	11.73%	8.56%	9.93%

FY 2011-12 Seclusions and Restraints Percent Change from FY 2010-11

FY 2011-12	Percent Change in # Patients	Percent Change in # Episodes
Adult		
Seclusions	15.4%	-3.7%
Restraints	-2.1%	5.3%
Children		
Seclusions	33.9%	14.9%
Restraints	38.3%	57.5%

SERVICES ARE SAFE

Goal 7: Reduce the Use of Seclusions and Restraints

RESULTS

• This fiscal year, the number of patients secluded in the Adult/Older Adult (A/OA) System of Care (SOC) increased by 15%, while the number of A/OA seclusion episodes decreased by 4%. The number of patients secluded in the Children, Youth, and Families (CYF) SOC increased by 34%, and the number of CYF episodes also increased by 15%.

• This fiscal year, the number of patients restrained in the A/OA SOC decreased by 2%, while the number of restraint episodes increased by 5%. The number of patients restrained in the CYF SOC increased by 38%, and the number of restraint episodes also increased by 58%.

• Overall, San Diego County has increased the focus on Seclusions and Restraints over the past fiscal year. Hospitals Partners are held accountable at monthly meetings for getting their data in on time, and also examining their numbers compared with other hospitals. These monthly meetings also include brainstorming ideas to lessen seclusions and restraints and sharing knowledge and experience across hospitals in San Diego county.

NEXT STEPS

• Examine the cause for the increase in seclusions and restraints in the CYF SOC.

• Continue monitoring and reporting of seclusions and restraints on a monthly basis at the Hospital Partners meeting to identify outliers and trends.

• QI Staff will be proactively contacting hospital staff to ensure timely and accurate data collection.

SERVICES ARE EFFECTIVE

Goal 8: Improve the Percent of Clients with Primary Care Homes

OBJECTIVE

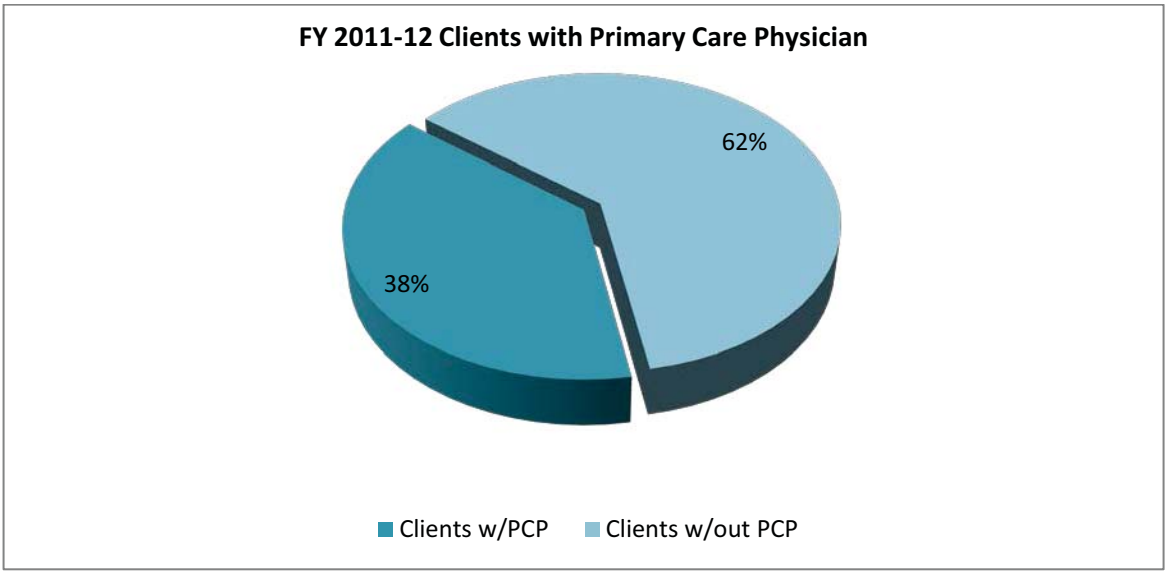
To improve the percent of clients with Primary Care Homes by 10%.

METHOD

- Continue to track number of Clients with Primary Care Physician (PCP) using the self-report question in Anasazi.
- Create programs that have the establishment of a medical home as a critical piece of the contract objectives.
- Hold provider forums where Behavioral Health/Physical Health providers can discuss challenges and successes, such as the 3rd Annual Primary Care and Behavioral Health Integration Summit held in Sept 2012.

DATA

FY 2011-12 clients in Anasazi with a Primary Care Physician (self-reported).



SDCBHS increased the number of Primary Care homes in FY 2011-12 by 9%, as compared with FY 2010-11.

	FY 2010-11		FY 2011-12	
	#	%	#	%
Unique Clients Served	59,645	100%	59,272	100%
Clients with PCP	17,297	29%	22,762	38%
Clients without PCP	42,348	71%	36,510	62%

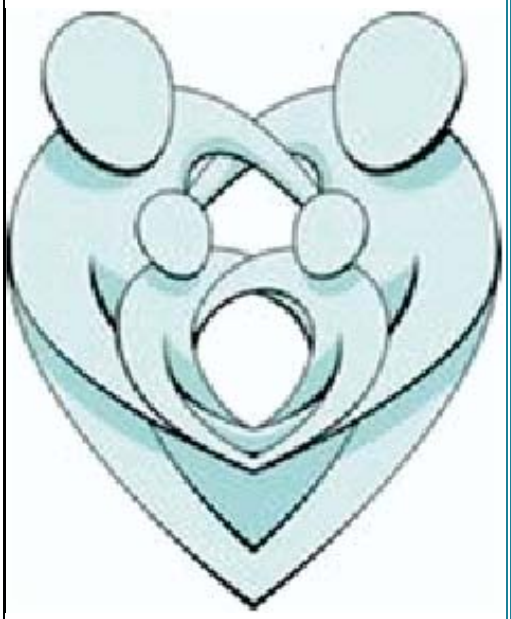
SERVICES ARE EFFECTIVE

Goal 8: Improve the Percent of Clients with Primary Care Homes

RESULTS

• Important pilot programs were implemented this fiscal year with a specific focus on establishing medical homes:
1. ICARE: Designed to enhance overall mental and physical wellness by increasing access to physical health care for individuals with Serious Mental Illness (SMI) and by developing a holistic and collaborative continuum of care that reduces stigma and discrimination for participants. This model emphasizes ongoing care coordination, chronic disease management, and peer recovery assistance for all participants. In this model, a Nurse Care Coordinator is located within the mental health clinic to provide basic physical exams and also act as a conduit for referrals to the primary care clinic as needed.
2. SmartCare: Offers integrated physical & behavioral health (mental health & substance abuse) services aimed at reducing the stigma associated with seeking help for a range of behavioral health issues. The contractor establishes medical homes for at risk individuals as well as severely behaviorally ill individuals, and holistic and comprehensive care is provided and based within the coordinated primary care/behavioral health team. Staff also conduct wellness activities in rural communities and encourage and facilitate individuals' connection with their local primary care clinics.

• SDCBHS hosted the 3rd Annual Primary Care and Behavioral Health Summit in September 2012. Here, staff from mental health clinics, substance abuse facilities and primary care clinics came together to problem solve and share best practices with one another.



NEXT STEPS

• Continue implementation and monitoring of the impact pilot programs such as SmartCare and ICARE have on the San Diego County population.

• Continue to monitor clients with PCP as indicated by Anasazi, and brainstorm additional ways to monitor this outcome rather than sole use of a self-report measure.

• Continue to host Learning Communities (Integration Institute Cohorts) with primary care, mental health, and substance use providers to establish best practices.

SERVICES ARE EFFECTIVE

Goal 9: Reduce High Utilizers of Hospital and Jail Services

OBJECTIVE

To reduce the percent of High Utilizers of hospital and/or jail services that do not access Outpatient Mental Health by 20%.

METHOD

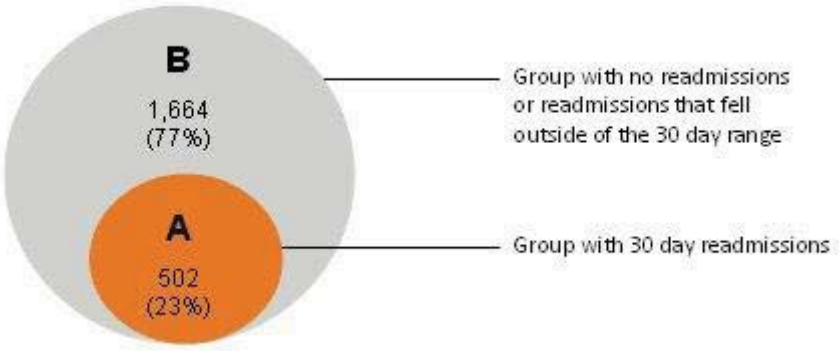
- Implementation of programs through MHSA Innovation funding to specifically address the issue of connection to outpatient programs.
- Continued use and monitoring of programs which specifically target persons with high mental health needs.
- Utilization of reports currently in place to track high utilizers and unconnected clients, including connection of clients following jail sentences.

DATA

SDCBHS has implemented new Innovations funded programs that address needs in the community through innovative, short term interventions. Notable programs include HOPE Connections, which provides education and support for clients visiting the EPU, as well as those recently discharged from the SDC Psychiatric Hospital and county operated outpatient services, and the In-Home Outreach Team (IHOT) program, designed for persons with severe mental illness who are reluctant to seek mental health services.

SDCBHS has also utilized MHSA Community, Services, and Support (CSS) funding for 13 Child/Adolescent Full Service Partnership (FSP) programs and 19 Adult/Older Adult (A/OA) FSP programs that provide comprehensive care to SDCBHS beneficiaries with high needs/high costs across San Diego County.

In FY 2011-12, the Optum Readmissions report was developed to examine A/OA FFS Hospital high utilizers as well. They found that 23% of the patients admitted to the hospital are readmitted within 30 days. These clients represent 48% of hospital admissions in one year.



In addition, SDCBHS has recognized a need for connecting clients to behavioral health services following jail sentences. Successful connection to services after jail sentence may reduce costly jail recidivism. After AB 109 legislation passed, programs in San Diego County were implemented to specifically address this population beginning in FY 2010-11. Evaluation of AB 109 programs began in FY 2011-12, and continuing efforts are being made to ensure the accuracy and validity of the data. Currently, SDCBHS reports monthly on the number of AB 109 clients screened, referred for Behavioral Health services, and admitted to an AB 109 specific Behavioral Health program. Tracking these clients, as well as monitoring data by level of care and individual program, will be a primary focus in the next FY.

SERVICES ARE EFFECTIVE

Goal 9: Reduce High Utilizers of Hospital and Jail Services

RESULTS

• In FY 2010-11 there were a total of 502 A/OA clients (1 out of 4 people admitted to a hospital) readmitted to hospitals within 30 days of discharge. This population appears to be severely mentally ill, with 71% of patients showing a Schizophrenic spectrum disorder diagnosis. These patients also show long lengths of acute stays, increased administrative days, & increased utilization of the Lanterman Petris Short (LPS) Conservatorship process compared to those clients who are not readmitted after discharge. To better understand the needs of this population, quarterly reports are prepared which rank clients at Adult FFS hospitals by number of bed days, acute days, administrative days, and number of admissions.

• In the latest report published for CYF clients (FY 2009-10),15% of youth were readmitted within 30 days of discharge.

• Programs funded through MHSA Innovations & CSS funding also focus on minimizing over-utilization of emergency services . Programs funded through these sources (including FSP's) focus on integrated care, including peer/family support and involvement, & a "warm hand-off" approach to facilitate and establish an initial face-to-face contact between the service recipient and their next behavior health provider. These methods seem to increase service recipients connection to Outpatient service providers and potentially decrease appointment no-show's and cancellations, which subsequently may lead to a decrease in hospital readmissions.

NEXT STEPS

• Continue monitoring high utilizers by using reports currently in place.

• More effectively utilize data provided by current reports to improve service delivery system.

• Continue analysis of high utilizer population and track changes in service usage.

• Determine best practices for reporting on AB 109 clients.

• Consider additional reports to monitor connection to services after release from jail.

SERVICES ARE EFFECTIVE

Goal 10: Reduce Hospital Readmissions within 30 Days

OBJECTIVE

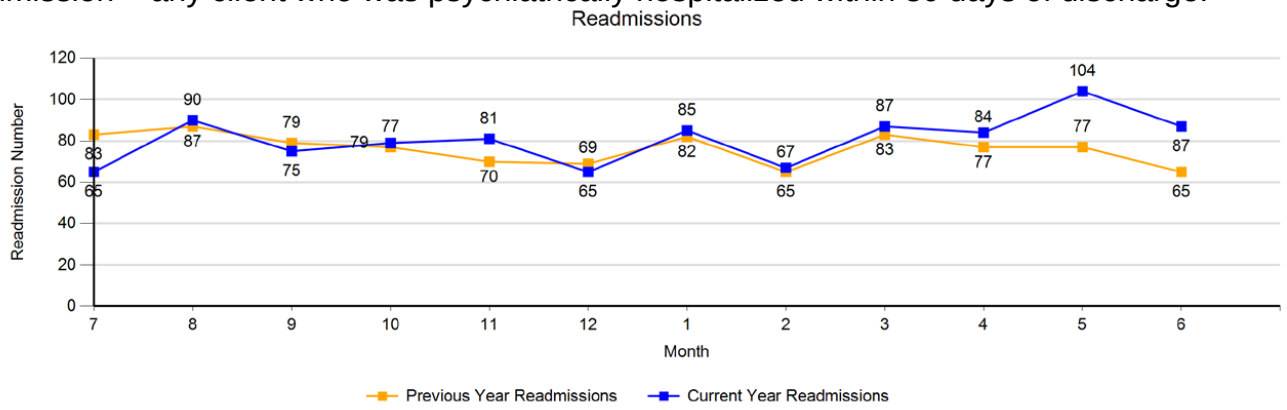
To reduce the number and/or rate of hospital readmissions within 30 days by 10%.

METHOD

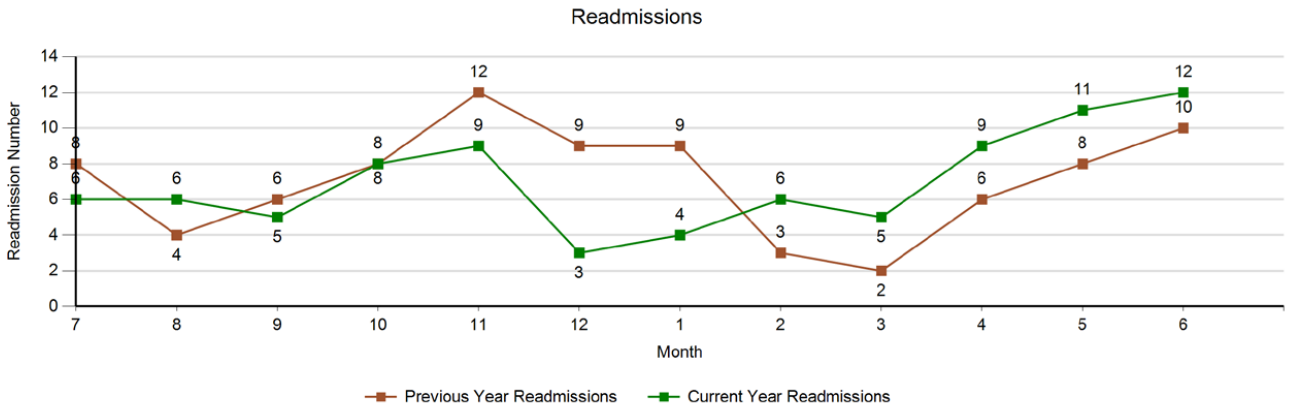
• Continue to track Hospital Readmission Rates for Adults and Children using existing reports, monitoring trends and conduct comparison to FY 2010-11 as a baseline.
• Increase awareness of readmission rate through reporting and research.
• Monitor programs/program types specifically designed to assist in lower readmission rates, such as FSPs, IHOT, Bridge to Recovery, and HOPE Connections.

DATA

FY 2011-12 County of San Diego Behavioral Health Services Readmission Rate for Adults. The 30 Day Readmission Rate is calculated by dividing Readmissions during the specified by Admissions. Readmission = any client who was psychiatrically hospitalized within 30 days of discharge.



FY 2011-12 County of San Diego Behavioral Health Services Readmission Rate for Children. The 30 Day Readmission Rate is calculated by dividing Readmissions during the specified by Admissions. Readmission = any client who was psychiatrically hospitalized within 30 days of discharge.



*Please note: The San Diego County FY begins in July, therefore graphs begin in month 7.

SERVICES ARE EFFECTIVE

Goal 10: Reduce Hospital Readmissions within 30 Days

RESULTS

	Total Readmissions	Average Readmissions Per Month	Percent Change
Adult/Older Adult			5.9%
FY 2010-11	913	76.1	
FY 2011-12	967	80.6	
Children			-1.2%
FY 2010-11	85	7.1	
FY 2011-12	84	7.0	

•The average monthly readmissions for Children decreased in FY 2011-12 by 1.2%. The average for Adults increased by 5.9% in FY 2011-12. There were 54 more readmissions this fiscal year when compared to FY 2010-11. Overall, for both adults and children, it appears that the month-to-month distribution appears relatively similar when comparing FY 2010-11 with FY 2011-12. However, for A/OA in the month of May, there were significantly higher readmissions in FY 2011-12 than there were in FY 2010-11 (104 v. 77 respectively).

•SDCBHS has placed an increased emphasis on connecting clients to outpatient services after release from psychiatric hospitals. This is an outcome that will be closely monitored going forward. Ensuring that clients are connected may lead to lower hospital readmission rates. New programs have been implemented to specifically address unconnected clients, including IHOT, Bridge to Recovery, and HOPE Connections. Also, FSP programs follow a "Do Whatever It Takes" approach to promote client connectedness and recovery.

NEXT STEPS

• Continue monitoring Hospital Readmission rates monthly, and use data to inform decisions regarding program implementation and/or redesign.

• Enhance existing reports to highlight more relevant operational information.

•Increase focus on connecting clients after hospital discharge and monitoring associated outcomes.

•Compare FSP Readmission rates with rates of other programs to determine whether FSP model is successful at reducing readmissions.

SERVICES ARE EFFICIENT AND ACCESSIBLE

Goal 11: Ensure Continued Capacity for Specialty Mental Health Services

OBJECTIVE

To ensure continued capacity for Specialty Mental Health services and provide services to 2% of the San Diego County population by setting goals for number, type, and geographic distribution of MH services.

METHOD

- Finalize Disparities Report to ascertain what progress has been made in reducing disparities and what is needed.
- Continue planning for increases in Medi-Cal population (expected to increase by 12% by 2020) and Expanded Medi-Cal (2014).
- Continue physical and mental health care integration projects.

DATA

In Fiscal Year 2011-12, SDCBHS served 1.88% of the San Diego population, a slight increase from the previous fiscal year. The Total County Population estimate is based on SANDAG population estimates.

	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
Clients Served	55,627	58,741	61,340	61,219	59,322	59,245
Total County Population	3,088,891	3,131,552	3,166494	3,181349	3,224,432	3,143,429
Percent Served	1.8%	1.88%	1.94%	1.92%	1.84%	1.88%

The table below represents highlights from the 2012 San Diego County Disparities Report. Key findings are categorized by Age Group.

Age Group	Key Findings
6-11	Access/penetration rates have gone down since FY 2001-02.
12-17	Most likely children's age group to access services. Use of Outpatient services has increased, and use of Juvenile Forensic services only has decreased since FY 2006-07.
18-24 (Transitional Age Youth)	Access to services has increased as special services for transition age youth (TAY) were put into place. Also, had the lowest long term engagement rates among other adult age groups. TAY were more likely to use Inpatient/Emergency services (28%) and Jail services (26%) and less likely to use Outpatient services than the other adult age groups.
25-59 (Adult)	Had highest penetration and retention rates when compared with other adult age groups.
60+ (Older Adult)	Access/penetration rates increased markedly from FY 2006-07 to FY 2009-10.

SERVICES ARE EFFICIENT AND ACCESSIBLE

Goal 11: Ensure Continued Capacity for Specialty Mental Health Services

RESULTS

• Although SDCBHS served fewer unduplicated clients overall in FY 2011-12, BHS served a higher percentage of the overall San Diego population when compared to last fiscal year.

• SDCBHS continues to utilize the Disparities Report that was most recently published in April 2012 to inform program implementation system-wide. For example, the report showed a marked increase in utilization of Outpatient services across all ethnic groups from FY 2006-07. This may indicate that programs have been more successful connecting clients to outpatient services.

•SDCBHS continues to focus on the importance of mental and physical health care integration through several programs, including the ICARE program which is funded by MHSA Innovations. The focus of this program is to enhance mental and physical wellness through a holistic and collaborative continuum of care between primary care and mental health clinics. Several positive outcomes that have been noted, including improvement in participant recovery based on both the participants and behavioral health special perspectives.

•SDCBHS continues to implement programs such as Low Income Health Program (LIHP), which encourage physical and mental health integration. Also, the Paired Provider Initiative was implemented in the A/OA SOC, which helps to connect clients who can be maintained in primary care, thus creating additional capacity in Outpatient Speciality Mental Health programs.

NEXT STEPS

• Continue to utilize findings from the disparities report to inform services and programs.

• Continue defining outcomes to monitor access to specialty mental health programs.

• Review penetration and retention data annually to see if needs of under-served populations are being met.

SERVICES ARE EFFICIENT AND ACCESSIBLE

Goal 12: Monitor Provider Appeals of Managed Care Decisions

OBJECTIVE

To ensure that appeals of managed care decisions are addressed within set timeline.

METHOD

- Monitor Treatment Authorization Requests (TARs) processes, documentation and policy.
- Monitor provider appeals.
- Collect information on the number of treatment days requested, authorization approvals and denials, and the number of Level 1 and 2 appeals which were either upheld or denied.

DATA

In FY 2011-12, SDCBHS updated the MHS General Administration policy and procedure guiding grievances, appeals and state fair hearings (MHS-01-06-207) processes to better reflect a commitment to timely resolution of client and provider appeals. Monitoring methods include on-site audits, record reviews, and report requests. All updates reference and follow CCR, Title 9, Chapter 11, Section 1810.202; 1820.220(j)(B)(5)(A)(B) and CFR, Title 42, Part 456 Subpart D,§456.235(b).

Treatment Authorization Requests FY 11/12

	DENIED DAYS	APPROVED DAYS	TOTAL REQUESTED DAYS
SD County Hospitals	7568	29001	36536
Out of County Hospitals	173	728	898

	Level I Appeals	Level II Appeals	TOTAL Appeals
SD County Hospitals	0	0	0
Out of County Hospitals	0	0	0

Notes:

1) It is important to note that total requested days does not always reflect the total hospital days, rather the total days submitted on the Treatment Authorization Requests submitted. If a hospital is notified that the stay or a portion of the stay is not authorized, it's the hospital's decision whether or not to include those days on the TAR. However, any days that a hospital wishes to appeal must be included on the original TAR in order to preserve the hospital's right to appeal.

SERVICES ARE EFFICIENT AND ACCESSIBLE

Goal 12: Monitor Provider Appeals of Managed Care Decisions

RESULTS

• Updates to SDCBHS policies and procedures demonstrated a renewed commitment to timeline adherence.

• In FY 2011-12, 36,536 total days were requested. Only 21.2% of the days were denied. There were no Level 1 or Level 2 Appeals.

• In FY 2010-11, Hospital Partners were surveyed for Satisfaction with ASO Services. This survey provided useful information and the results were overwhelmingly positive, with Optum meeting or exceeding satisfaction in 7 of the 9 areas rated. This survey is administered every two years, and SDCBHS looks forward to administering this survey again in FY 2012-13.

NEXT STEPS

• The QI Unit will continue to monitor the TARs process and will continue to survey providers biennially. A survey is planned for the 2012-2013 fiscal year.

SERVICES ARE EQUITABLE

Goal 13: Improve Behavioral Health Service Utilization Among Foster Care Youth

OBJECTIVE

To increase the number of Foster Youth who receive Mental Health and/or Substance Abuse services after age 18 by 10%.

METHOD

• Evaluation of whether building specialized Transitional Age Youth (TAY) programs and prevention initiatives has increased utilization of outpatient services and decreased use of jail and crisis based services among foster youth.
• Develop Foster Care Action Plan which include goals of connecting TAY to Mental Health and/or Substance Abuse treatment programs once aged out of foster care.
• Track Foster Care youth connected to TAY and A/OA programs after age 18.

DATA

The chart below shows three TAY Specific programs in SDCBHS. The chart shows trends across four fiscal years regarding the percentage of clients served who have had a placement in CWS since January 1, 2000. The trends show an initial increase in the percentage of Child Welfare Services (CWS) clients seen, although in Fiscal Year 2011-12 there is a drop in the percentage for two of the three TAY programs.

Foster Care Youth Served in Mental Health TAY Program's				
	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
PCS Catalyst	19.7%	29.0%	27.5%	28.0%
Starting Point	0.0%	24.0%	30.5%	19.0%
Vista Youth Transition Program	11.7%	13.9%	9.0%	4.0%

SERVICES ARE EQUITABLE

Goal 13: Improve Behavioral Health Service Utilization Among Foster Care Youth

RESULTS

• TAY Services have been of particular interest in FY 2011-12. There are TAY Specific programs that serve TAY youth, as well as programs that serve TAY youth along with other age groups. Each month, the BHS TAY workgroup meets to discuss strategies and outcomes to track in San Diego County in regards to TAY youth. For example, the TAY Workgroup created the TAY Status Report and Recommendations, with specific action items for improving accessibility and services offered to TAY.

• The importance of connecting youth from Foster Care to Mental Health and/or Substance Abuse programs once they age out has been widely recognized as an important service area. In recent years, there has been expansion of inter-agency collaboration and communication, including CWS, to ensure that high risk youth, including those involved with the Foster Care system, are being connected with needed services.

• While there are additional programs in San Diego County that serve TAY, the TAY specific programs are specifically targeting and are serving youth who have aged out of Foster Care. In fact, 28% of the clients served in FY 2011-12 at PCS Catalyst were youth who had some point been placed in Foster Care before aging out.

•Also, in FY 2011-12, San Diego Youth Services received MHSA Innovations funding with the goal of specifically reducing the mental health services access barriers presenting to TAY and Foster Youth.

NEXT STEPS

• Brainstorm ideas for reaching Foster Care population amongst providers at the TAY Workgroup.

• Conduct roundtables with CWS and County Probation to discuss barriers/opportunities that impact transition into services for TAY.

• Investigate longitudinal follow-up of TAY planned discharges versus TAY dropping out of treatment.

• Monitor impact of extended Foster Care age on connection to Mental Health services.

SERVICES ARE EQUITABLE

Goal 14: Access to Written Information in Primary Language

OBJECTIVE

Greater than 75% of clients and families indicate that they had access to written information in their primary language on the State Satisfaction Survey.

METHOD

• Review Youth State Satisfaction results on question, "Written information was available in the preferred language."
• Review Adult State Satisfaction results on question, "Staff were sensitive to my cultural background."
• Review All State Satisfaction results on question about services in preferred language.

DATA

SDCBHS tracks the results of the annual state satisfaction surveys as a measure of linguistic competence. Of clients surveyed in 2012, 98% of children and 81% of adults favorably rated their satisfaction with the cultural sensitivity of staff and/or the availability of information in their language of choice. For children, this is a 2% increase when compared with FY 2010-11. For adults, this is a 5% decrease when compared with FY 2010-11.

2012 State Satisfaction Survey Linguistic and Cultural Competence

2012 Youth Satisfaction Survey Question: **Were the services you received in the language you prefer?**	
YES	1451 (98.3%)
NO	25 (1.7%)

2012 Adult Satisfaction Survey Question: **Were the services you received in the language you prefer?**	
YES	888 (97.7%)
NO	21 (2.3%)

2008-2011 State Satisfaction Survey Linguistic and Cultural Competence

YEAR	Staff were sensitive to my cultural background (race, religion, language, etc.)?	Was written information (e.g., brochures, rights as a customer) available to you in the language you prefer?
	Adult Satisfaction	Youth Satisfaction
2008	85.1	94.8
2009	83.7	95.5
2010	82.6	95.2
2011	85.9	96.4
2012	81.3	97.9

SERVICES ARE EQUITABLE

Goal 14: Access to Written Information in Primary Language

RESULTS

• Providing services and information in beneficiaries' language of choice enables programs to respond to individual needs and demonstrates that client needs are the center of the care process. To achieve the goal of monitoring beneficiary satisfaction, programs are asked to administer a satisfaction survey. State Satisfaction survey questions are identical across programs. The specific question analyzed to meet the objective ("Written information was available in the preferred language") had a high rate of "yes" responses in FY 2011-12.

• Youth Survey client/family feedback indicated 98% of clients/families received written information in the language they preferred which far surpassed the 75% goal. This high achievement is partially due to increased focus on cultural and linguistic competence.

• Adult Survey feedback indicated 81% of Adult/Older Adult clients agreed that staff were sensitive to their cultural background. This result, while a decrease, continues to show satisfaction.

• Similar to previous years, clients indicated on the August 2012 satisfaction survey that they received services and information in their preferred language. This continued focus on linguistic competence encourages the maintenance of current translation protocols and monitoring of client/family language needs.

NEXT STEPS

•Continue and/or increase as appropriate the translation of documents distributed to the individuals and families receiving services.

•Facilitate annual focus groups with the individuals and families served that focus on the linguistic and cultural competence of services.

SERVICES ARE EQUITABLE

Goal 15: Enhance Cultural Competency Standards

OBJECTIVE

Administer, evaluate, and provide feedback on program/staff assessments and cultural competence plans.

METHOD

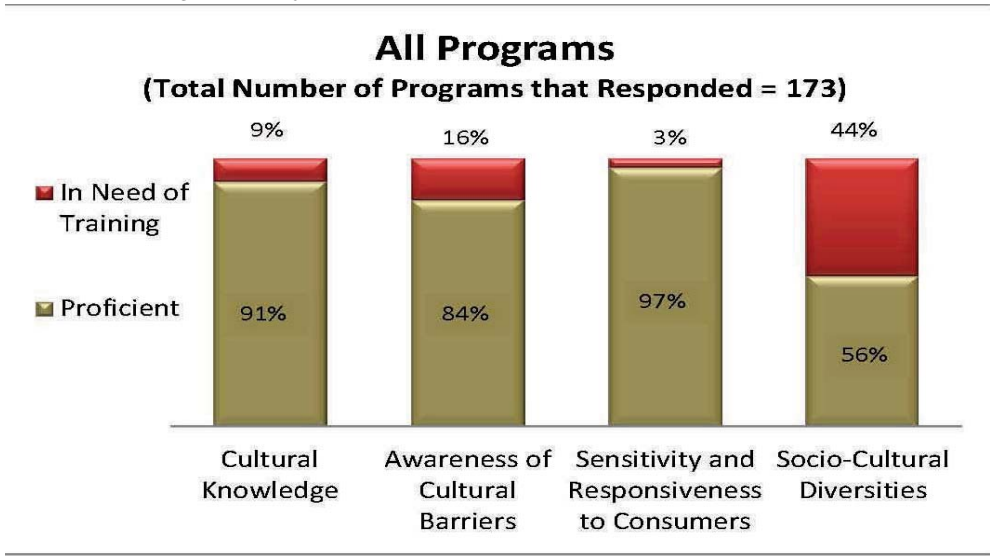
•Implement a requirement for Legal Entities providing Mental Health services to complete a cultural competence plan.
•Administer a self evaluation to program managers to establish a baseline on the cultural competence of each program.
•Utilize data from a cultural competence survey to establish a baseline for providers on the cultural competence of their staff.

DATA

All Legal Entities contracted with SDCBHS and delivering Mental Health services were required to submit a cultural competence plan as of April 2012. All entities (100%) complied with this contractual obligation. A committee evaluated all the plans focusing on how the contractor tailors services to reflect the ethnic, racial, cultural and linguistic profile of their unique service area, as well as plans for addressing and reducing any service disparities affecting the program. An individualized letter was provided to each Legal Entity along with the checklist that guided plan evaluation.

SDCBHS asked all programs to have direct services providers complete an online version of the California Brief Multicultural Survey (CBMCS) to identify training needs in the delivery of culturally competent mental health services. The CBMCS is a 21-item self-report assessment of knowledge, awareness and skills necessary to be able to work most effectively with clients from diverse backgrounds and ethnic groups. The items make up 4 domains: Cultural Knowledge, Cultural Barriers, Sensitivity & Responsiveness, and Sociocultural Diversities.

CBMCS Training Needs by Domain



SDCBHS also required program managers to complete the Culturally Competent Program Annual Self-Evaluation (CC-PAS). The tool was developed by SDCBHS to be used by programs to rate themselves as to their current capability for providing culturally competent services. In April 2012, 176 surveys were completed online. Scores on the CC-PAS ranged from 56% - 100%, with higher scores indicating higher levels of cultural competence. The average score was 87%. Seven percent of programs reported that they Met ALL cultural competence standards on the CC-PAS. Sixty-five percent of programs reported that they Met or Partially Met ALL cultural competence standards.

SERVICES ARE EQUITABLE

Goal 15: Enhance Cultural Competency Standards

RESULTS

The cultural competence plans, CBMCS results and CC-PAS results were used together to measure Mental Health systemwide cultural competence and cultural competency strengths and needs. This meets the goal of enhancing cultural competency standards as the data gathered through this process will be used to develop training protocols for the upcoming year.

• Average CBMCS scores for staff reached levels of cultural competence/proficiency in all four domains. While individual staff and programs did have specific training needs, average scores for all levels of care indicated that the staff feel they are functioning at fairly competent levels in the domains of Cultural Knowledge and Sensitivity & Responsiveness to Consumers. The highest level of need for training was found for Socio-Cultural Diversities. There was also a need for training in the domain of Awareness of Cultural Barriers.

• The majority of programs indicated on the CC-PAS that they are satisfactorily meeting the standards of cultural competence. The CC-PAS protocol is based on expectations and standards recommended by the Cultural Competence Resource Team (CCRT) and endorsed by the Quality Review Council (QRC).

NEXT STEPS

• Use data gathered as a baseline for future program activities related to cultural competence.

• Ensure that contracted trainings through the SDC Training Contractor focus on areas staff and program leadership identify as training needs.

• Collaborate with the Workforce Education and Training (WET) consultant on increased monitoring and training of providers on cultural competence training requirements.

• Monitor CC-PAS & CBMCS pre and post data for providers who have attended the Cultural Competence Academy.

SERVICES ARE TIMELY

Goal 16: Monitor Timeliness of Services

OBJECTIVE

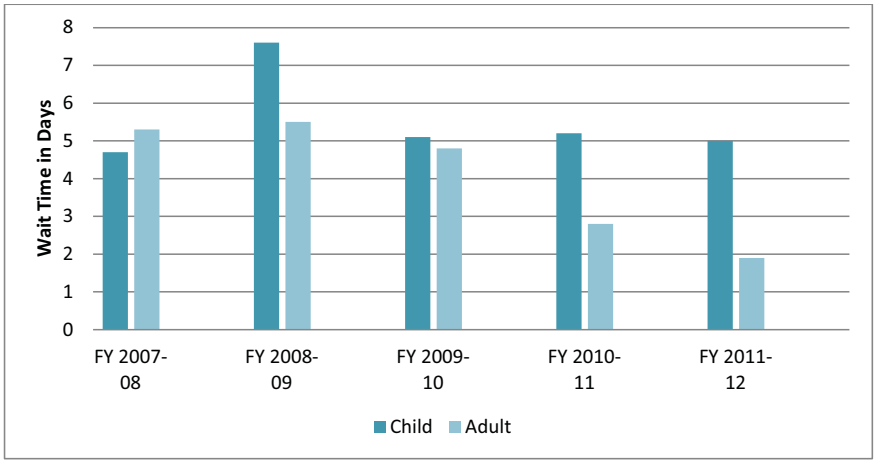
To ensure timeliness of routine BHS assessments and responsiveness of the Access and Crisis Line.

METHOD

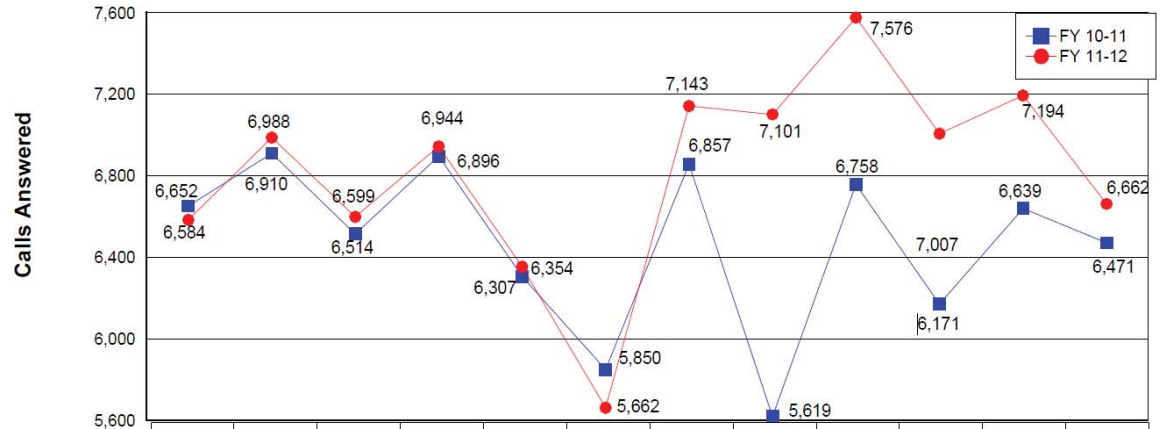
- All Mental Health outpatient programs submit monthly wait time reports.
- Walk-in hours have been added to Adult Mental Health clinics to reduce wait times.
- Access and Crisis Line quarterly statistics on performance are presented to the Mental Health Board.

DATA

Average Wait Times For Mental Health Assessments for Children and Adults by Fiscal Year



Access and Crisis Line Calls Answered per Month



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY 10-11	6652	6910	6514	6896	6307	5850	6857	5619	6758	6171	6639	6471
FY 11-12	6584	6988	6599	6944	6354	5662	7143	7101	7576	7007	7194	6662

***Figure 1 illustrates the ACL Monthly Call Volume as Measured by the number of Calls Answered.**

SERVICES ARE TIMELY

Goal 16: Monitor Timeliness of Services

RESULTS

• In FY 2011-12, there was a decrease in the average wait time for adult services (.9 days). There was also a decrease in the average wait time for children's services (.2 days). Overall, the trend data indicates that Adult wait times have continually decreased since FY 2009-10, and Children's wait times have remained relatively stable.

• As a means to address high wait times, walk-in and after hours care was added to certain clinics in FY 2009-10. The numbers indicate that particularly for Adult services, this addition decreased the average wait time for routine services.

• SDCBHS has placed an increase focus on connecting clients to services after hospital discharge. If clients are connected to ongoing services, there may be an increased capacity for high-demand services.

• To increase access to services, tele-psychiatry services have been made available at 26 adult sites and 4 children's sites across the county to date.

• The FY 2010-11 and FY 2011-12 Access and Crisis Line (ACL) data shows that in FY 2011-12, more calls were answers in 10 out of the 12 months when compared with FY 2010-11. This could potentially be due to increased visibility following the It's Up To Us campaign aimed at awareness and reducing mental health stigma.

NEXT STEPS

• Monitor wait times for Adults and Children's mental health assessments and Adult psychiatric wait times.

• Enhance existing reports on timeliness of services received after discharge from psychiatric hospital.

• Continue training on tele-psychiatry and add additional tele-psychiatry sites and services.

• Continue monitoring ACL call data monthly.